



APPLICATION FOR EMPLOYMENT

Hospice of Morrow County, Inc. (HMC) provides equal employment opportunity to all applicants and employees. No person is to be discriminated against in any aspect of the employment relationship due to race, religion, color, sex, age, national origin, disability, citizenship status, marital status, veteran status or any other reason prohibited by law.

(PLEASE PRINT LEGIBLY)

Name _____

Address _____

Phone (H) _____ (C) _____

Email _____

In addition to completion of this application, all applicants are required to submit a current resume and cover letter addressing the position sought and their qualifications – please attach.

Date of Application _____

Position(s) Applied for _____

Referral Source(s): Advertisement ___ Friend ___ Relative ___ Employment Agency ___
HMC Employee/Name _____ Walk-In ___ Other ___

Are you under age 18? Yes ___ No ___
If yes, can you furnish a Work Permit? Yes ___ No ___

Have you filled out an application here before? Yes ___ No ___
If Yes, give date _____

Have you been employed here before? Yes ___ No ___
If Yes, give dates _____

Are you employed now? Yes ___ No ___
May we contact your present employer? Yes ___ No ___

Are you authorized to work in the United States? Yes ___ No ___
(Identity and employment eligibility of all new hires is a condition of employment and will be verified as required by the Immigration Reform Control Act of 1986.)

If hired, on what date would you be available for work? _____

APPLICANT’S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment and my resume as may be necessary and release Hospice of Morrow County, Inc. (HMC) and its leadership and representatives from all liability for any damage that may result from the release or utilization of any information about me obtained by HMC in connection with my employment.

I understand that neither this document nor any offer of employment from HMC constitutes an employment contract with HMC. I understand that, if employed by HMC, employment is on an at-will basis only.

In the event of employment by HMC, I understand that false or misleading information given on my application or in interview(s) may result in discharge. Further, I acknowledge that, upon employment by HMC, I am required to abide by all rules and regulations of HMC.

Signature of Applicant

Date



AN EQUAL OPPORTUNITY EMPLOYER ♥ A SMOKE-FREE / DRUG-FREE ENVIRONMENT

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